TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/938,492
Filing Date	August 27, 2001
First Named Inventor	Michael Mehigan
Group Art Unit	2624
Examiner Name	James A. Thompson

Total Number of Pages in This Submission	14	**Attorney Docket Number** — 740250-849

ENCLOSURES *(check all that apply)*

- [x] **Fee Transmittal Form**
  - [ ] Fee Attached
- [x] **Amendment**
  - [ ] After Final
  - [ ] Affidavits/declaration(s)
- [x] **Extension of Time Request ($120.00)**
- [ ] Express Abandonment Request
- [ ] Information Disclosure Statement ($____)
- [ ] Certified Copy of Priority Document(s)
- [ ] Response to Notice to File Missing Parts/ Incomplete Application ($_____)
  - [ ] A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53

- [ ] Assignment Papers *(for an Application)*
- [ ] Drawing(s) 7 pages
- [ ] Declaration and Power of Attorney
- [ ] Licensing-related Papers
- [ ] Petition ($_____)
- [ ] Petition to Convert to a Provisional Application
- [ ] Power of Attorney to Prosecute Applications Before the USPTO
- [ ] Terminal Disclaimer ($_____)
- [ ] Request for Refund
- [ ] CD, Number of CD(s) _____

- [ ] After Allowance Communication to Group
- [ ] Appeal Communication to Board of Appeals and Interferences
- [ ] Appeal Communication to Group ($____) (Appeal Notice, Brief, Reply Brief)
- [ ] Proprietary Information
- [ ] Status Letter
- [ ] Application Data Sheet
- [ ] Request for Corrected Filing Receipt with Enclosures
- [ ] A self-addressed, prepaid postcard for acknowledging receipt
- [ ] Other Enclosure(s) *(please identify below)*:

Remarks — [x] The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm *or* Individual name	Donald R. Studebaker, Esq., Reg. No. 32,815 Nixon Peabody LLP 401 9th Street, N.W., Suite 900 Washington, D.C. 20004-2128 Telephone: (202) 585-8000 Fax: (202) 585-8080
Signature	*[signature]*
Date	August 8, 2005

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being:

- [ ] deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450

- [ ] transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____.

Date	Signature
	Typed or printed name

FEE TRANSMITTAL FOR FY 2005

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT   ($) 120.00

AU6 0 8 2005

Complete if Known	
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Art Unit	2624
Attorney Docket No.	740250-849

METHOD OF PAYMENT (check all that apply)

☐ Check   ☐ Credit Card   ☐ Money Order   ☐ Other   ☐ None

☒ Deposit Account:

Deposit Account Number: **19-2380**

Deposit Account Name: **Nixon Peabody LLP**

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below   ☒ Credit any overpayments

☒ Charge any additional fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Fee ($)	Small Entity Fee Code	Fee ($)	Fee Description	Fee Paid
1001	300	2001	150	Utility filing fee	
1002	200	2002	100	Design filing fee	
1003	200	2003	100	Plant filing fee	
1004	300	2004	150	Reissue filing fee	
1005	200	2005	100	Provisional filing fee	

SUBTOTAL (1)   ($) 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims		Fee from below		Fee Paid
Total Claims	☐ -20** =	☐	X	☐	= 0
Independent Claims	☐ -3** =	☐	X	☐	= 0
Multiple Dependent			X	☐	= 0

Large Entity Fee Code	Fee ($)	Small Entity Fee Code	Fee ($)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple dependent claim, if not paid
1204	200	2204	100	** Reissue independent claims over original patent
1205	50	2205	25	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)   ($) 0

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Fee ($)	Small Entity Fee Code	Fee ($)	Fee Description	
1051	130	2051	65	Surcharge – late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for *ex parte* reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	**120**	**2251**	**60**	**Extension for reply within first month**	**120.00**
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	500	2452	250	Petition to revive – unavoidable	
1453	1,500	2453	750	Petition to revive – unintentional	
1501	1,400	2501	700	Utility issue fee (or reissue)	
1502	800	2502	400	Design issue fee	
1503	1,100	2503	550	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR 1.129(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)   ($) 120.00

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☐ transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____.

Date _____

Signature _____

Typed or printed name _____

SUBMITTED BY

		Complete (if applicable)	
Name (Print/Type)	Donald R. Studebaker	Registration No. (Attorney/Agent)	32,815
Signature		Telephone	(202) 585-8000
		Date	August 8, 2005

SEND TO: Commissioner for Patents
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Alexandria, VA 22313-1450